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ORIGINAL ARTICLE

PROMOTING GENDER EQUITY AT THE COLLEGE OF HEALTH SCIENCES, ADDIS ABABA UNIVERSITY, ETHIOPIA

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ABSTRACT

Background: Ethiopia faces a dire shortage of human resources to meet the health care needs of its population of more than 90 million people. The government has implemented programs to expand the health care workforce, of which women are a growing and crucial component. Universities are working to identify and address gender inequity to help recruit and retain women.

Objective: This paper describes and analyzes a multi-institution grant-funded program to promote gender equity at Addis Ababa University–College of Health Sciences (AAU-CHS) in Ethiopia.

Methods: The primary intervention was to provide intensive short-term fellowships to mid-level female faculty to facilitate their promotion into leadership positions. Secondary interventions included a series of gender equity meetings with students, residents and staff to elicit bottom-up concerns and recommendations for future action, as well as conducting a gender climate survey of female students and staff. External consultants assisted with program implementation, monitoring and evaluation of the program.

Results: Initial outcomes demonstrate promising career advancement of women who participated in the fellowships. A comprehensive gender equity action plan was developed based upon results from the survey and meeting recommendations. This plan is being implemented by AAU-CHS faculty and administration.

Conclusion: This program has been an initial success and may serve as a template for others who are working to promote gender equity.

Key Words: Gender equity, Ethiopia, higher education, medical education, women, leadership training, faculty development.

INTRODUCTION

Ethiopia has a dire shortage of health professionals to meet the health care needs of its population of 94.1 million (1). Women comprise an important and growing percentage of the valuable health professional workforce (2). However, gender inequity impairs the recruitment and retention of women into health fields. This weakens the already fragile Ethiopian health care system and, ultimately, harms the Ethiopian people.

Multiple indicators reflect pervasive inequities experienced by Ethiopian women, especially related to education and gender-based violence (GBV). In 2013, approximately 90% of Ethiopian girls were enrolled in primary school. However, enrollment of

girls dropped to approximately 35% by grades 9-10, and to only 7% by grades 11-12. Only 30% of college undergraduates and 15% of postgraduates were female. Nevertheless, as the numbers of students enrolled in higher education have increased, the absolute numbers of female students enrolled in graduate and undergraduate programs over the past decade have increased more than 6-fold (2).

The lifetime prevalence of GBV against Ethiopian women is estimated at approximately 75% (3,4). While there is a paucity of research addressing the challenges faced by women in post-secondary educational institutions, a few studies have revealed that gender discrimination and GBV, including sexual harassment, is a common occurrence in Ethiopian universities (5-7). This reduces opportunities for women to join and advance in professions that require higher education. In addition, it leads to de-

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creased rates of matriculation; increases rates of depression with suicidal thoughts; and contributes to poor academic performance and higher rates of attrition among female students and faculty (8-9).

Ethiopia has a physician to population ratio well below the WHO standard of 1:10,000 for developing countries (10-11), and women comprise only about 10% of physicians (12). In order to address the physician shortage in Ethiopia, both government and private sectors are attempting to train more physicians by opening new medical schools and expanding capacity of existing schools (10). Coupled with an increase in women entering higher education, this has resulted in more women entering medical training and drawn attention to the benefits, challenges and unique needs of women in health professional education (13-14).

At Addis Ababa University-College of Health Sciences (AAU-CHS) – comprised of Schools of Medicine, Public Health, Pharmacy, and Allied Health Sciences – the numbers of female students and staff are growing annually. Over the past few years, the total enrollment at the AAU School of Medicine has tripled to >1600 students in 2015; the percentage of female medical students enrolled increased from 10% to over 30%.

However, women are still in the minority, and the gender climate is far from equitable. Female students have a higher rate of attrition and lower graduation rates compared to male students (M. Gebremariam, personal communication, February 10, 2014). Only 19.9% of faculty members are women, and women comprise only 11.3% of those with a medical degree or a PhD (Tables 1 and 2). This is slightly higher than the national average for all higher education institutions, where 9% of female faculty have either a medical degree or a PhD (2). However, the number of female faculty members occupying leadership positions and high academic rank is low. Many of these women have not been prepared to lead institutional changes. Among 21 full professors at AAU-CHS, only one is female; only one of 18 department chairs is a woman. Of 33 medical schools in Ethiopia, only AAU has had a female dean.

In light of these stark realities, this paper will describe the process and outcomes of a program to promote gender equity at the Addis Ababa University – College of Health Sciences (AAU-CHS) in order to recruit and retain more female students and staff.

Table 1: AAU-CHS Staff Profile by Academic Rank (2015)

Academic Rank	Female (%)	Male (%)	Total
Technical Assistant	2	16	18
Graduate Assistant	13	6	19
Assistant Lecturer	12	28	40
Lecturer	54	164	218
Assistant Professor	29	169	198
Associate professor	3	56	59
Professor	1	20	21
Total	114(19.9)	459(80.1)	573

Table 2: AAU-CHS Staff Profile by Academic Qualification (2015)

Qualification	Female (%)	Male (%)	Total
Diploma (technical staff)	0	2	2
Bachelor Degree	25	38	63
Masters Degree	24	121	145
PhD	8	62	70
MD	57	236	293
Total	114(19.9)	459(80.1)	573

Methods and Outcomes:

In 2010, AAU-CHS was awarded a five-year Medical Education Partnership Initiative (MEPI) grant from the US government, and has led a consortium of Ethiopian and US universities involved in the grant (15). Because of women's importance to the growing healthcare work force, a crosscutting theme of MEPI was to promote gender equity in grant-related activities (13-14). However, as far as we know MEPI-Ethiopia is the only country that has made systematic efforts to address gender equity.

AAU-CHS launched three major interventions to promote gender equity. First, female faculty members were selected to complete leadership development fellowships. Second, a series of gender equity meetings were conducted with students and staff to raise awareness and to elicit their concerns and recommendations for change. Third, a gender climate survey was administered to female students and staff to assess the prevalence of discrimination, GBV and gender attitudes. The following section will describe the methods and outcomes of these interventions.

Leadership Fellowships for Female Faculty:

Given the small number of women faculty leaders, the AAU-CHS deans determined the most important first step was to prepare a critical mass of women faculty to assume leadership roles. These women could then support the expansion of efforts within AAU-CHS and to other schools.

Ethiopian medical school leaders recruited promising mid-level female faculty who were willing to participate in an intensive fellowship to enhance their leadership skills at the University of Wisconsin-Madison

(UW) in the US. Two faculty were selected annually to participate in 2011 and in 2012 from AAU-CHS; three were selected in 2013 from AAU-CHS, Hawassa and Haramaya Universities. Seven faculty completed the fellowships.

UW faculty leaders conducted a needs assessment of the Ethiopian fellows through interviews and surveys to design the curriculum. Leaders adapted content from workshops designed by the American Association of Medical Colleges to promote the development of US female faculty (List 1). By the end of the fellowship, participants were expected to:

- Describe concepts of gender equity and health equity research.
- Develop plans for a project to promote gender equity in their home institution.
- Serve as academic leaders and champions for gender equity in Ethiopia.
- Prepare a professional development plan, including leadership, research and teaching goals, potential challenges, and strategies to achieve their goals.
- Network and collaborate with external partners.
- Present a summary of their proposals to UW faculty leaders.

The fellowships were limited to 2 weeks to minimize time away from professional responsibilities and family. Fellows were expected to maintain regular communications with UW faculty mentors prior to and for at least one year following the fellowships to share their goals and report on the progress of their projects. UW faculty traveled to Ethiopia at least once per year for in-person meetings.

Within two years of completing the fellowship, individual fellows had accomplished the following: promotion to become Dean of the AAU School of Medicine; selection to serve as the chair of the Institutional Review Board; development and execution of a college-wide survey of female students and staff to assess the gender climate at the AAU-CHS (publication pending); creation of plans to establish mentoring programs for female students and faculty; organizing stress management classes for female students; acceptance to a fellowship in Canada; and promotion as department head. One fellow left AAU to teach at another institution and established a successful private specialty practice.

Seven women faculty completed faculty development fellowships and self-reported they had achieved the aforementioned objectives. In follow-up interviews, all participants stated they felt empowered to serve as effective academic leaders and champions for gender equity in Ethiopia. They felt they had developed greater abilities to identify and analyze the complex factors that contribute to inequity in the workplace, both in Ethiopia and other countries. This heightened awareness was coupled with a desire to act and change the status quo upon returning to their home institutions. All fellows recommended that leadership training should be offered to women faculty in the future, “as a way of building their capacity to achieve academic and administrative positions.”

Gender Equity Meetings with Students and Staff:

Ethiopian fellows and UW consultants conducted a series of annual gender equity meetings with students, faculty and MEPI partners at AAU-CHS from 2012-2014 to raise awareness, identify concerns and select priorities for change. More than 200 participants attended, approximately one-third of whom were men. Participants identified a wide range of concerns and recommendations for next steps. These were collectively summarized and used to inform a final gender equity action plan, which is detailed in the next section (see List 2).

Gender Climate Survey: In 2013, a survey of female students and academic staff at AAU-CHS was undertaken to assess the prevalence of discrimination, GBV and sexual harassment. The survey also explored socio-demographic factors associated with GBV and women’s beliefs about gender roles. Detailed analysis of the survey data is still in progress. Following are preliminary findings, which has not yet been published.

Results found that approximately one-third of respondents experienced some form of GBV during their time at CHS-AAU: 27% of women reported emotional violence, 16% physical violence, and 5% sexual violence. Almost one-third (31%) had experienced sexual harassment. Over half (56%) of married respondents reported moderate or very controlling spouses.

Further analysis reveals several factors that may make women more vulnerable to GBV, including low GPA, low monthly income, large geographic distance from family, a very controlling spouse, and substance use (alcohol or khat). The first three factors suggest vulnerable student populations that could benefit from GBV prevention efforts.

Gender Equity Action Plan:

In 2015, a gender equity action plan was presented to AAU-CHS administration to provide recommendations to address concerns raised in the gender equity meetings, discussions with fellows and the findings from the gender climate survey. The recommendations are grouped into four major categories: 1) development of institutional policies to promote gender equity and provide oversight and enforcement of these policies ; 2) enhance institutional resources, including monetary, physical space, and human resources; 3) raise awareness among students and staff about existing gender inequalities; and 4) conduct research about the extent of gender inequalities among female students and staff that can be used to monitor progress and inform future action. (see List 2)

DISCUSSION

In Ethiopian higher education, women continue to experience a high prevalence of discrimination and GBV. There remains a lack of awareness of protective policies, as well as weak enforcement of protective policies within educational institutions. As more women enter higher education, it will be critical to ensure that these institutions provide a safe and welcoming environment to promote their success.

Based on observations from the fellowship and gender equity workshops, Ethiopian women and men in higher education are well aware of existing challenges and are already working to promote gender equity, but much remains to be done. There is a paucity of senior female leaders to serve as role models

for growing numbers of female students. Yet this is not due to lack of desire or ambition on the part of female staff. Women faculty members were eager to join the fellowship, share their experiences, and enhance their skills to assume leadership roles in research, teaching and administration. The fellowships not only provided opportunities for career advancement, but the experience itself was one of *conscientization*, or the 'process of developing a critical awareness of one's social reality through reflection and action' (16). This development of critical awareness of gender inequality and how it affects individuals, communities and society is crucial in being able to identify how and where to act in order to effect change. The fellows form a critical mass of women faculty who are prepared to serve as role models, change agents and leaders of gender equity efforts.

The gender climate survey found women students and staff at AAU-CHS experience significant rates of GBV and discrimination. These rates of GBV are lower than studies of the general population in Ethiopia (3-4), which may not be surprising since women of higher education and socioeconomic status have lower reported rates of GBV (4, 17). Regardless of the absolute number, any experience of GBV will impair the learning environment for students, and career advancement for female faculty.

One of the major strengths of this project is that the MEPI-Ethiopia consortium utilized *top-down*, *bottom-up* and *outside-in* partnerships to promote gender equity among health professionals (18). It was recognized that while Ethiopian female students and staff were motivated to act, little meaningful transformation could be made without the backing of school and government officials who have the power to change rules and policy, or guidance from external consultants who have access to resources and past experience with these issues. For the '*top-down*' arm of the partnership, deans of the Ethiopian Colleges and Health Sciences Schools, representatives from the Ministry of Higher Education, and MEPI leadership were asked to: identify the problems; pledge their support for institutional leadership; commit to institutional policy change; and ensure adequate resources to launch and sustain the efforts. Gender equity meetings and workshops provided opportunities for '*bottom up*' participation and for faculty, staff, residents and students to discuss the gender challenges and to develop shared recommendations for action. External consultants, or the '*outside in*' partners, shared their past experiences and resources for promoting gender equity, designed and led the faculty fellowships, assisted with research, and moni-

tored ongoing progress. In turn, the project triggered '*inside out*' development as UW faculty and residents learned and were enriched and inspired by their Ethiopian colleagues. It is anticipated these partnerships will change over time. As Ethiopian faculty, residents and students learn to promote gender equity, the programs should become self-sustaining with less need for external partners.

Numerous challenges arose during the process of this work. First, due to Ethiopia's heavy disease burden coupled with inadequate human, economic and physical resources, most Ethiopian health professionals are frequently overextended with more duties than they can manage. The few women who are in leadership positions are often assigned multiple responsibilities, including those related to work, family and community. This reduces their ability to increase their commitment to gender equity efforts and to mentor younger colleagues. Next, while AAU-CHS participants have created an action plan, these changes will require sustained leadership, time and resources. The five-year MEPI grant has afforded critical financial support to initiate these efforts, but is coming to an end. Because gender equity is considered a vital issue, AAU and other Ethiopian universities will need to commit long-term resources to expand and sustain this work.

Conclusion :Faculty, staff, and students of AAU-CHS are motivated to promote gender equity as critical for the advancement of women in Ethiopia and to create a more supportive learning environment for women and men in order to train increased numbers of health care professionals to meet the needs of the nation. This paper has documented successful efforts to improve the gender climate at AAU-CHS through professional leadership training for Ethiopian women; gender equity meetings with students and staff; and the completion of a gender climate survey. These interventions have ultimately informed a gender equity action plan to affect permanent institutional change.

While women throughout the world continue to face substantial challenges to achieve equity, we are inspired by the progress to address gender equity for health professionals at AAU-CHS. We hope this summary will stimulate new initiatives and provide a template for action.

List 1: Gender Equity Fellowship Curriculum Outline

Readings/discussion of leadership theories and common challenges faced by women in academic medicine leadership roles.

Introduction to programs designed to train women for academic leadership.

Review of UW policies/programs designed to address sexual harassment and promote a gender-friendly climate.

Discussion of mentorship programs to support the professional development of faculty and students.

Meetings with colleagues of similar specialties and areas of interest to explore future collaboration.

Participation in sessions on health equity research in a preexisting Health Equity Leadership Institute offered by the UW Collaborative Center for Health Equity. Informal encounters to build personal relationships with women colleagues.

List 2: Gender Equity Action Recommendations

Develop Institutional Policies, Oversight and Enforcement

Create “zero tolerance” policies regarding gender discrimination and workplace abuse, including sexual harassment and GBV, with confidential reporting and effective enforcement mechanisms*

Develop an emergency response protocol for students and staff who have been sexually assaulted*

Establish a formal maternity leave policy for female students and staff*

Create a gender steering committee

Develop clear promotion criteria for women academic staff

Enhance Institutional Resources for Gender Equity and Support of Women

Reactivate gender offices*

Target outreach to vulnerable groups of women students*

Establish a formal mentorship program for women students and staff

Create opportunities for regular leadership training for women faculty, residents and staff

Establish a daycare center on campus

Improve and expand physical facilities for women students, residents and staff

Raise Awareness with students and staff

Present and distribute gender-related institutional policies*

Develop a gender sensitivity training

Provide substance abuse awareness training to students

Conduct Research

Establish and conduct gender equity and GBV surveys in regular intervals to assess progress and inform future action

*Indicates priority actions that require urgent attention

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